

# SURA OFF-SITE JOB-RELATED TRAINING (JRT) PROGRAM REQUEST

HR Form 303 (TPO 8/03)

Name:\_\_\_\_\_ MS:\_\_\_\_\_ Extension:\_\_\_\_\_ Date:\_\_\_\_\_

Division:\_\_\_\_\_ Job Title:\_\_\_\_\_ Supervisor:\_\_\_\_\_

Program/Course Title:\_\_\_\_\_

Date(s) of Training:\_\_\_\_\_ Provided by:\_\_\_\_\_

Required Attachments:\_\_\_\_\_ Cost (w/o travel) \$\_\_\_\_\_

1. Course description
2. Documents showing cost, location, and date(s) of training
3. Invoice/registration confirmation or receipt
4. Check Disbursement Form or Travel Request containing the POA to be charged and the signature of an approver for that POA

List below the key competencies (skills and knowledge) associated with this training that are directly related to your job. If these are included in your supporting documents (e.g. course objectives, topics), you may just reference the documents rather than reproducing the list here.

1.

2.

3.

4.

5.

I agree that, should I terminate employment with JLab (other than due to layoff) prior to course completion, and prepayments may be deducted from my final paycheck.

Employee's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

I have reviewed this form and the program content for the requested training and I agree that it is job-related and an appropriate use of JLab resources.

Supervisor's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Training & Performance Manager's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Comments: